

## GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS
1. To change information for existing accounts: a. Complete section II with the type of request. <b>*****Fill in only the applicable fields to be updated.*****</b> b. Fill in the individual Government Card number : _____ c. Fill in the cardholder's name as it appears on his/her Government Card: _____	
2. Approved copy to be maintained in Agency/Organization Program Coordinators files.	
3. Fax completed form to 605-335-1417 or mail to Citibank Government Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	
4. All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.	

SECTION II (1)	TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)
<input type="checkbox"/> A. Cardholder Information Change (Section III)	<input type="checkbox"/> F. Cash Advance Limit Change (Section V)
<input type="checkbox"/> B. Hierarchy Change (Section IV)	<input type="checkbox"/> G. Number of Transactions Limit Change (Section V)
<input type="checkbox"/> C. MCC/Blocking Change (Section V)	<input type="checkbox"/> H. Account Closure
<input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)	<b>Reason</b> _____ (Section VI)
<input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V)	
Other Changes: _____	

SECTION III	CARDHOLDER INFORMATION (Please Print)
(2)	
*Last Name of Cardholder	First Name
Middle Initial (maximum 20 characters)	
(3)	
Agency/Organization Name (maximum 24 characters)	
(4)	(5)
*4th Line Embossing (maximum 20 characters)	Social Security Number (Travel Card only)
(6)	(6) ( )
Home Mailing Street Address Line 1 (maximum 36 characters)	Home Phone
(6)	
Home Mailing Street Address Line 2 ( maximum 36 characters)	
(6)	
City	State
(7)	Zip Code
Country	
(7) ( )	
Business Mailing Street Address Line 1 (maximum 36 characters)	
Business Phone	
(7)	(8) Yes or No
Business Mailing Street Address Line 2 ( maximum 36 characters)	
City Pair Program (circle one)	
(7)	
City	State
(9)	Zip Code
Country	
(9)	
E-mail Address	
(10)	(11)
Fax Number	Discretionary Code 1 (maximum 12 characters)
(11)	(11)
Discretionary Code 2 (maximum 20 characters)	Discretionary Code 3 (maximum 15 characters)

SECTION IV	REPORTING PARAMETERS
(12) Current Reporting Hierarchy: _____	
(13) New Reporting Hierarchy: _____	
(14) New Card Delivery ID#: _____ (maximum 5 characters)	

SECTION V (15)	AUTHORIZATION PARAMETERS
New Dollars per Cycle Limit: \$ _____	Convenience Checks (Purchase): Y _____ N _____ 2 Books _____ 6 Books _____
New Dollars per Transaction Limit: \$ _____	If eligible for Convenience Checks, maximum payment amount equals: \$ _____
New Number of Transactions per: Cycle: _____ Day: _____	ATM Access: Y _____ N _____ Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____
New MCC Template Name: _____	Travellers Cheques (Travel): Y _____ N _____

SECTION VI	ACCOUNT CLOSURE INSTRUCTIONS
1. A/OPC needs to advise cardholders to destroy their card(s).	
2. A/OPC needs to advise cardholder to destroy any unused convenience checks.	
3. A/OPC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).	

SECTION VII	AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE
(16) Approving Agency/Organization Program Coordinator's Signature _____ Date _____	

## **GUIDE TO GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM**

Form used to update information regarding purchase or travel cards.

### **Section I – Instructions**

#### **Section II – Type of Maintenance Request**

1. **Type of Request:** Select all maintenance updates which apply

#### **Section III – Cardholder Information**

2. **Cardholder Name:** Provide last name, first name and middle initial of cardholder
3. **Agency/Organization Name:** Provide name of cardholder's agency/organization (maximum 24 characters)
4. **4<sup>th</sup> Line Embossing:** Indicate information to appear on 4<sup>th</sup> line of card (maximum 20 characters)
5. **Social Security Number:** Provide social security number of cardholder (for travel card only)
6. **Home Address and Phone Number:** Supply complete home address of cardholder, including street, apartment (if applicable), city, state, zip and country. Also provide home phone number of cardholder including area code.
7. **Business Address and Phone Number:** Provide complete business address of cardholder, including street, floor/suite, city, state, zip and country. Also provide business phone number of cardholder including area code.
8. **City Pair Program:** Indicate if this is a city pair program by circling "yes" or "no"
9. **E-mail Address:** Provide complete e-mail address of cardholder.
10. **Fax Number:** Provide fax number of cardholder including area code
11. **Discretionary Code 1-3:** Please provide appropriate discretionary codes where applicable

#### **Section IV – Reporting Parameters**

12. **Current Reporting Hierarchy:** Please indicate cardholders current reporting hierarchy
13. **New Reporting Hierarchy:** Provide cardholder's new reporting hierarchy, if different.
14. **New Card Delivery ID#:** Supply ID number for new card delivery verification

#### **Section V – Authorization Parameters**

15. **Authorization Parameters:** Please complete all information requested regarding parameters of card/cardholder privileges.

#### **Section VI – Account Closure Instructions**

#### **Section VII – Agency/Organization Program Coordinator Signature:**

16. **A/OPC Signature and Date:** Please provide authorized signature of agency/organization program coordinator and date that the document was submitted.